



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: SERVICE REQUIREMENTS

Subject: Amendments

Reference: 37.40.1005

PURPOSE This policy outlines the process a Community First Choice/Personal Assistance Services (CFC/PAS) provider agency must use when a member's needs for CFC/PAS services change and the change is expected to last longer than 28 days.

AMENDMENT CRITERIA

1. The provider must initiate an amendment request to Mountain Pacific Quality Health (MPQH) when a change occurs that results in the need to update the member's Service Plan and the update will last longer than 28 days.

Note: Changes that occur and require an update to the member's Service Profile lasting 28 days or less, only require a temporary authorization (Refer to SD-CFC/PAS 417). The temporary authorization does not need to be sent to MPQH.

2. The following is a list of changes that require an amendment request.
 - a. Change in the tasks authorized by Mountain Pacific Quality Health (MPQH). The following is considered a change to the authorized tasks:
 - i. Addition or deletion of Activity of Daily Living (ADL) tasks;
 - ii. Addition or deletion of a Health Maintenance Activity (HMA) task or a change in the description of an HMA on the Service Profile; or,
 - iii. Addition or deletion of an Instrumental Activity of Daily Living (IADL).
 - b. Change in the authorized time. The following is considered a change to the authorized task time:
 - i. Increase or decrease in authorized time of an ADL task; or,

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- ii. Increase or decrease in authorized time for an HMA task; and
 - iii. Increase or decrease in an authorized time for an IADL time (only applies if the maximum IADL limit has not already been met).
- c. Change in the authorized frequency that exceeds the limits of the flexibility parameters (Refer to SD-CFC/PAS 717). The following is considered a change to the authorized frequency time.
 - i. Increase or decrease in frequency of an ADL task; and,
 - ii. Increase or decrease in frequency for an HMA task.
- 3. Once the provider identifies a care need that is not met through the current Service Profile and Service Plan the provider agency should implement a temporary authorization to address the need. The provider agency may utilize the temporary authorization for 28 days. On or before the 29th day the provider must either refer the member to MPQH using the amendment request process or return the member to the annual Service Profile and Service Plan.
 - a. Once the provider agency submits the amendment request to MPQH, the provider agency may continue serving the member with the temporary service plan until MPQH approves or denies the amendment request.
- 4. Prior to issuing the amendment request the Program Oversight staff member must ensure the following:
 - a. The request falls within the rules and policies of the program and is medically necessary;
 - b. The member or Personal Representative must agree with and understand the request. This should be documented in the case notes; and,
 - c. Utilization levels for the past month have been evaluated in comparison to the authorized time and utilization supports the amendment request. Amendment requests should not be submitted if the total authorized time is not being utilized.

AMENDMENT PROCEDURE

1. Once the provider provider agency determines that the criteria for an amendment request has been met, the provider provider agency must submit an amendment request to MPQH. The amendment request requires the following sections on the current Service Plan (SLTC-175) to be completed:

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- a. Temporary Authorization/Amendment: Mark the appropriate box indicating whether the amendment request is the result of a change in condition, change in task, change in task frequency, or addition of skills acquisition.

Note: The appropriate box may already have been marked when the provider agency completed the temporary authorization.

- b. Short Term and Permanent: If the change is 29 days to 90 days mark the short-term box. If it is longer than 90 days mark the permanent box.
- c. Describe ADL/IADL Change: Provide information that gives specific details about the member's change in condition or circumstance and why a change to the Service Profile is necessary.

Note: The appropriate description may already have been provided when the provider agency completed the temporary authorization. If the member's situation has not changed since the completion of the temporary authorization, submit it as part of the amendment request without modification. If the temporary authorization is being used to submit the amendment request, the "temporary authorization" box on the top of the Service Plan form should be marked to indicate to MPQH that the requested change has already been implemented.

- d. Temporary Authorization: If the provider agency implemented a temporary authorization, the start date should indicate the date the change in service authorization began. The provider agency should leave the end date blank when an amendment request is submitted. The total time is the total authorized biweekly units the member is utilizing during the temporary authorization. The provider agency must put the date the amendment is faxed to MPQH.
- e. Consumer Signature: The consumer (i.e., member) signature is not necessary on amendment requests. However, case notes should document communication with member.
- f. Provider Signature: The provider agency Program Oversight staff signature and date is required on amendment requests, along with the signature date. If the Program Oversight staff supports the amendment

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request they should mark the box “I concur with the Amendment request”. If they do not support the request, they should leave the box blank and mark “do not concur” on the signature line. If the staff member does not concur with the request, they should use the “Describe ADL/IADL/HMA change” field to provide explanation of why the provider agency does not concur with the amendment request.

Note: If a provider agency does not concur with the amendment request, they should not implement a temporary authorization to initiate the service change prior to MPQH processing the amendment.

2. After the amendment request paperwork has been completed the provider agency must fax it to MPQH.
3. MPQH staff reviews the request to determine appropriate handling of the request.
 - a. If sufficient information is available on the amendment request, it will be entered into the database by MPQH central office staff, for review by the nurse coordinator.
 - b. If the information on the amendment request is not sufficient to process the amendment request it will be returned to the provider agency for clarification.
4. MPQH reviews request to determine if an onsite review is necessary.
 - a. If no onsite is necessary, the nurse coordinator contacts the member to complete the amendment request and updates the Service Profile.
 - b. If the nurse coordinator determines that an onsite visit is necessary, the provider agency is given notification to continue with the temporary authorization, until the onsite is made (the next time the nurse is in that area.)
5. The provider agency is authorized to continue with the temporary authorization until the provider agency receives the MPQH amendment request determination. The request determination will be either an amended Service Profile or a denial of the amendment.

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6. If the provider agency has not received the amendment request determination from MPQH within 10 working days and has not been notified by MPQH that the nurse intends to conduct onsite amendment request verification, the provider agency must contact MPQH to ensure the amendment fax has been received and document it in the chart notes.
7. If MPQH determines that the amendment request is time limited, i.e., short-term, MPQH will send the provider agency a short term profile along with the original profile authorization. If MPQH sends the provider agency a short-term profile the provider agency must revert to the previous Service Profile and corresponding Service Plan once the short-term authorization has expired.

Note: If the provider agency determines that the need for the short term authorization will continue beyond the date span identified by MPQH on the Service Profile, the provider agency must submit a second amendment request to MPQH to extend the short term authorization or make the short term authorization permanent. In these situations the provider agency must implement another temporary authorization and amendment request to MPQH in order to extend the short-term service span. If the provider agency fails to submit an amendment request by the last day of the short-term service span and continues to bill services at the level authorized during the short-term span, a repayment must occur.

8. The provider agency has 10 working days from receiving MPQH's amendment determination to complete a new Service Plan to implement the amended Service Profile.